

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm L	71002	4/5/95
O.I.P.E. CLASSIFIER		68751	4/7/95
FORMALITY REVIEW			4/20/95

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	4/10/95
2	4/11/95
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here